Best-Available Copy

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO)		1000	7 (0 5 41	
Effective October 1, 2001											-to	234	
		CLAIMS AS		ILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OR	OTHER SMALL	
TOTAL CLAIMS								RAT	Е	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			8 minus 20=		* Ø			X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* '\$			X42	=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140)=		OR	+280=	
* If the difference in column 1 is less t				an zero, enter "0" in column 2				TOTA	٩L		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMV.		ENTITY	OR	OTHER SMALL I	
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)) 1 1	SIVIA		ADDI-		SWALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		" RAT	E	TIONAL FEE		RATE	TIONAL
	Total	* 20	Minus	** 0	10	=]	X\$ 9)=		OR	X\$18=	
	Independent	* <u>ろ</u> NTATION OF MI	Minus	***	う FCLAIM	= /	┨	X42	=		OR	X84=	
	FIRST PRESE	NIAHON OF W	JETH LE DET	LINDLIN	/ OLANVI		J	+140	=		OR	+280=	
							l	TO ADDIT. F	TAL		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)							7.5511.1			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*]	Minus	(2)	<u>a</u>	=	1	X\$ 9	=		OR	X\$18=	
	Independent	* (0	Minus	***		=		X42:	_		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ل	+140	=		OR	+280=	
								TO				TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)		addit. F				ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9	_		OR	X\$18=	
	Independent	*	Minus	***		Ξ.]	X42:	┇┪			X84=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDE				IT CLAIM				\dashv		OR		
* 1	f the entry in colu	nn 1 is loss than t	ne entry in colu	mn 2 weite	a "N" in co	lumn 3		+140	i		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OF											OR	TOTAL ADDIT. FEE	
		ber Previously Pai					er fou	and in the	e app	propriate box	x in col	umn 1.	